



The Commonwealth of Massachusetts
Department of Public Health
Division of Health Professions Licensure
5th Floor, 239 Causeway Street ☐ Boston, MA 02114
<http://www.mass.gov/reg/boards/rn>
(617) 727- 9961

Board of Registration in

Nursing

Please check the appropriate box for change(s)

NAME CHANGE

☐

ADDRESS CHANGE

☐

DUPLICATE LICENSE

☐

All requests should be mailed to the address listed above and directed to the Board of your profession.

Print/type clearly the information as it
is **NOW SHOWN** on your license:

Name: _____

Address: _____

City/Town: _____

State: _____ Zip Code: _____

Board: (Circle One) **RN** or **LPN**

Lic. Type: (Circle One) **NA** **NP** **NM** **PC**

Lic. No: _____

U.S. SS # (Mandatory): _____

Birth Date: _____

Expiration Date: _____

Print/type clearly the information as you
wish it to appear on your **NEW** license.

Name: _____

Address: _____

City/Town: _____

State: _____ Zip Code: _____

For office use only

Fee: _____

Date Received: _____

Initial: _____

1. For name change or duplicate license, you **MUST** return your current license with this form. If your current license has been lost or stolen, please check here ☐

2. For address changes only, **DO NOT** return your current license.

Under the penalties of perjury, I declare that the information provided herein is a truthful and complete statement of the information required.

FEE (S): Please ✓ mark the appropriate box:

1. Duplicate license ☐ \$17.00

2. Name change with new license ☐ \$27.00

3. Address Change with new license ☐ \$17.00

4. Address Change without new license No Fee

Make check or money order payable to the
"Commonwealth of Mass."

DO NOT SEND CASH

Signature

Telephone Number

Date